

Application or Docket Number
9-904039

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (2) CFR 1.16(a)(1)		
TOTAL CLAIMS (3) CFR 1.16(c)		
INDEPENDENT CLAIMS (3) CFR 1.16(d)	minus 20 =	*
	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		(3) CFR 1.16(d)

RATE	FEE
	\$ _____
K \$ _____	
K \$ _____	
• \$ _____	
TOTAL	

RATE	FEE
	\$ _____
A \$ _____ =	
B \$ _____ =	
C \$ _____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

4-23-05

(Column 1)	(Column 2)	(Column 3)
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15
16	17	18
19	20	21
22	23	24
25	26	27
28	29	30
31	32	33
34	35	36
37	38	39
40	41	42
43	44	45
46	47	48
49	50	51
52	53	54
55	56	57
58	59	60
61	62	63
64	65	66
67	68	69
70	71	72
73	74	75
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79	80	81
82	83	84
85	86	87
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94	95	96
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100	101	102
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220	221	222
223	224	225
226	227	228
229	230	231
232	233	234
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250	251	252
253	254	255
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262	263	264
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271	272	273
274	275	276
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280	281	282
283	284	285
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289	290	291
292	293	294
295	296	297
298	299	300
301	302	303
304	305	306
307	308	309
310	311	312
313	314	315
316	317	318
319	320	321
322	323	324
325	326	327
328	329	330
331	332	333
334	335	336
337	338	339
340	341	342
343	344	345
346	347	348
349	350	351
352	353	354
355	356	357
358	359	360
361	362	363
364	365	366
3		

AMENDMENT	4/15/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	TOTAL (21 CFR 1.160(d))	21	Minus	136	= -
	Independent (27 CFR 1.160(g))	3	Minus	16	= -
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (21 CFR 1.160(d))					

SMALL ENTITY	
RATE	ADDITIONAL FEE
x <u>25.</u>	
x <u>100.</u>	
+ <u>180.</u>	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
$x \leq 50$	
$x \leq 200$	
$x \geq 300$	
TOTAL ADD'L FEE	

AMENDMENT	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Filed 8/15/05					
Total (21 CFR 1.16(a))	21	Minus	136		
Independent (21 CFR 1.16(b))	3	Minus	16		0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (21 CFR 1.16(d))					

RATE	ADDITIONAL FEE
X \$ <u>25</u> =	
X \$ <u>100</u> =	
+ \$ <u>180</u> =	
TOTAL ADDL FEE	

	RATE	ADDITIONAL FEE
OR	$\times \$50 =$	
OR	$\times \$200 =$	
OR	$\div \$30 =$	
OR	TOTAL ADDITIONAL FEE	

AMENDMENT	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.18(c))	21	Minus	136	=	
Independent (37 CFR 1.18(d))	3	Minus	16	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(e))					

RATE	ADDITIONAL FEE
$x + 25 =$	
$x + 100 =$	
$+ 180 =$	
TOTAL	
ADDITIONAL FEE	

	RATE	ADDITIONAL FEE
OR	x .50 =	
OR	x 1.20 =	
OR	+ 3.60	
OR	TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "Y" in column 3.
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 * The "Highest Number Previously Paid For" is the highest number in the "Number of Copies" column.

3. The request Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.
 This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.